

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-13-01
O.I.P.E. CLASSIFIER		49	8/18/01
FORMALITY REVIEW	715	829	05/12
RESPONSE FORMALITY REVIEW	HL	1019	12-17-01

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
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49		99		149	
50		100		150	

If more than 150 claims or 10 actions
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Form PT
(Rev. 6/9)

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 12/17/01
 744
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